

Appletree Patient Participation Group (PPG) **Minutes of the 8th Meeting, 31st August 2011**

Attendees: David Greatorex, Jenny Humphreys, John Beavis, Terry Kelly, Dawn Payne, Suzannah Macken, Dr Richard Ward, John Raw, Wendy Palmer, Ann Martin, Betty McKeggie, Marian Chesters, Margaret Raw, Elena Whinfrey, Martin Thorne, John Rowlands, Caroline Foster, Stephen Leather.

Apologies: Theo Portlock, Marjorie Whitby, Mavis Boardman, Maxine Cheesbrough, Frank Hodgkinson, Di Hancock, John Meggitt.

1. Matters Arising from the Minutes of 7th Meeting 27th July 2011

- i. The need for a building society account and charitable status were discussed and it was agreed that neither were necessary at this stage and that the practice would cover the (low) costs at present. These matters can be re-visited at a later date if fundraising becomes necessary.

2. Networking Developments

- i. Two members of the PPG had previously interviewed a group of 65yrs+ women at the Weston Centre and the findings had been discussed at previous PPG meetings. Feedback from discussions within the PPG and with the Appletree practice staff was reported back to the Weston Centre group, with very good reception, particularly the news that it is possible to book a double length appointment with a doctor at the surgery on request.

3. Web Developments

- i. None to report due to the holiday season, ideas welcome to Martin Thorne.

4. Preferred Doctor List

- i. Stephen Leather explained that a target date of September 2012 was very optimistic for patients being transferred to a preferred doctors list since before then a new clinical system has to be integrated and the practice must register with the Care Quality Commission; getting patients on a preferred doctors list isn't the absolute priority for the practice.
- ii. It was pointed out by members of the PPG that a large proportion of patients would only like to know which doctor they are registered with and not necessarily express a preference for a particular doctor. It was established that patients can find out who is their registered doctor by speaking to a receptionist in person or on the telephone. It was suggested that this could be incorporated as a message on the notice board, in the quarterly practice newsletter and also on the rolling digital display in the waiting area. The PPG was also reminded that a 'registered' doctor has to be a partner with the practice but

that salaried GPs can still have 'regular' patients – so a patient's registered doctor may not be their regular doctor.

- iii. The group returned to previous discussions regarding hospital treatment of practice patients and the communication between the hospital and GP surgery. There is concern over the administration in this process, specifically that letters from the hospital describing necessary follow-up action required by the GP after discharge, may be delayed at the surgery due to being addressed to a doctor who doesn't regularly treat the patient. Dr Ward reassured those present that if any doctor at the practice receives a letter for a patient they have not been treating, they make sure it gets re-directed to the appropriate doctor, and if the action required in the letter is of an urgent nature, the letter is referred with appropriate haste.

5. PPG Column in Appletree Medical Practice Newsletter

- i. The next Appletree newsletter is due around the end of September; Steve Leather will suggest a number of words for the PPG column to form a part of this, Wendy Palmer is to contribute this in conjunction with the meeting minutes.
- ii. The PPG column in the newsletter and the Appletree PPG website (<http://www.appletreemedical.co.uk/ppg.aspx>) will each make reference to the other and align their content.

6. Note from Appletree Practice Manager Regarding the Financial Status of the PPG

- i. To ensure transparency, it was explained that the Appletree PPG was originally started in January 2011 as a non-essential but potentially mutually beneficial thing to do for both patients of the surgery and practice staff, however in recent months it has contributed financially to the practice, though in place of alternative funding. To explain further, the main sources of funding for the practice derive from (i) per capita payment (based on the number of patients registered at the surgery); (ii) enhanced service payments (for services provided over and above the core services); (iii) QOF (Quality Outcomes Framework) – hitting targets set within QOF to receive payment; (iv) non-NHS income. The enhanced services include the provision of extended appointment time, for example Saturday morning appointments. From April the funding 'rules' changed and in order to bring all practices in line with each other from a funding perspective, Appletree funding was cut by 40% for the extended hours service which was effectively returned as funding of a patient-directed service, including the PPG, which is therefore now a remunerated service. So the practice is not receiving net additional income as a result of the PPG, rather the origin of the income has 'transferred' from the extended hours service.

7. Patient Confidentiality

- i. PPG members asked which staff in the surgery have access to patient information and to what extent. It was explained that all medical and administration staff must have access to patient data otherwise the work of the surgery would not be possible, however all staff

sign a confidentiality agreement and are trained to work to a set of principles (the Caldicott Principles) which ensure that data is accessed only when necessary and access kept to a minimum. Abuse of the privilege is a dismissible offence. The practice is very security conscious with many procedures to protect patient confidentiality, such as guidelines for the handling of faxes and emails, doors kept locked and a password system.

8. Appletree Update

- i. Drs Denise and Fraser Binnie have just ended their 12 month contract; they will be missed by staff and patients and are congratulated for having done an excellent job.
- ii. Dr Helen Fenwick starts as of 1st September, she has a wealth of experience, including working in Foston Hall women's prison and Bradshaw clinic for substance abuse, has a family of her own with children in the local school, and it is hoped she will integrate superbly into the Appletree Medical Practice community.
- iii. Nurse Rebecca Cornes is also starting work at Appletree Medical Practice as a nurse, as part of the strategy to empower practice nurses to free up the doctor's time to use most appropriately. Some requirement for patient education is anticipated in this matter.
- iv. Two new GP registrars also start work from September – Dr Catherine Corden, for 4 months (in 2nd year of GP training) and Dr Samantha Thomson, for 12 months (in final year of training). These additional staff demonstrate the benefits of Appletree being a training practice, offering as it does the potential for attracting newly qualified GPs at the end of their training period.

9. Date for AGM

- i. Wednesday 25th January 2012 has been suggested as a date for the AGM, weather permitting! The AGM should be before the end of March 2012 (financial year end for the Practice).

10. PPG Draft Action Plan – John Raw

- i. John Raw presented verbally a draft action plan for Appletree PPG, produced in conjunction with a small number of other members of the PPG. Please see separate summary at the end of the Minutes (section 15). He was applauded for his hard work on putting thoughts to paper and getting the ball rolling on producing a tangible action plan. Please direct all ideas and comments on the Action Plan to John Raw at this stage, telephone number 01332 840675; address 6 Oak Close, Duffield; email jfraw@tiscali.co.uk

11. Focus Groups – Suggested Target Groups

- i. Margaret Raw suggested any of the following list of groups could be targeted for a focus group to gather views on Appletree Medical Practice – churches, PTAs, primary schools, other schools, Golf Club, Men's Club, Squash and Tennis Club, Gardening Club, Women's

Institutes, Guides, Brownies, Book clubs, Silver Leaves, Probus, Conservative, Labour and Liberal clubs.

- ii. The suggestion is to simply listen to people's views on the Medical Practice which can also be done on an individual basis, e.g. with neighbours. These views can then be digested at PPG meetings and appropriate action decided upon.
- iii. PPG member Theo Portlock will report back on the views of the Ecclesbourne School 6th formers on Appletree Medical Practice when term re-starts in September. The PPG will try and offer support to him when conducting the interviews/focus groups.
- iv. Some discomfiture was expressed at the request to respond on the spot to the Draft Action Plan with no time to digest a large amount of information and to gather one's thoughts, however it was stressed that the action plan was very much a set of tentative suggestions, ideas on which to build/evolve/diverge, a starting point only and that *all* ideas and views are sought and welcomed. Efforts will be made to circulate a hard copy at the earliest opportunity, however it was not thought wise to send out a paper copy of such an early version which does not yet have full endorsement of the wider PPG.

12. Patient Survey

- i. A communications network is desired to build relationships between the Medical Practice and its patients and to deal with issues arising in a constructive manner, acting on patient feedback and designing services to fit need, reaching all age groups. This goes beyond the complaints system already in place, being a more positive, proactive and comprehensive approach.
- ii. It is therefore suggested to design or modify an existing patient survey and send out to a demographically representative sample of for example 500 patients. These patients will be invited to become part of a patient reference group to sit outside of the PPG but to communicate with the PPG who will be responsible for dealing with the responses from the reference group. Suggestions may be met, modified or refused but, importantly, whatever the outcome the reasoning behind the decisions and the action taken will be communicated back. Three volunteers came forward for establishing/refining the patient survey and in turn for analysing the results (Ann Martin, Betty McKeggie, Suzannah Macken).
- iii. The PPG is therefore involved in establishing communications networks to get feedback from the wider Appletree community, to act on the feedback, and to communicate the results back to the wider community.
- iv. John Beavis and John Rowlands both volunteered to be involved in targeting male groups in focus groups for gathering views on the Appletree Medical Practice.

13. Flu Clinics Help

- i. This issue was requested to be added to the evolving action plan. Volunteers are requested for: (i) the PPG presence in the waiting area to meet people, offer refreshments and check all are OK following the vaccination; (ii) marshalling help in the car park to direct people to car parking spaces (including other car parks, most likely Eyes Meadow). John Rowlands has established that high visibility jackets will be available to borrow. John Rowlands can be contacted on telephone number 01332 840955 or by the email address rowlands225@btinternet.com if you would like to volunteer to help with marshalling. Flu clinics are to be held on Saturday 8th October 2011 8.00am – 11.00am – Duffield Surgery; Wednesday 19th October 2011 8.00am – 12 noon – Little Eaton Surgery; Saturday 5th November 2011 8.00am – 11.00am – Duffield Surgery.

14. Date of Next Meeting

- i. The next Appletree PPG meeting will be Wednesday 28th September, 7 PM, Appletree Medical Practice Surgery, Town Street, Duffield. Steve Leather has kindly offered to chair as both David Greatorex and Martin Thorne are away and no other volunteers came forward!

15. Summary of the PPG Draft Action Plan

a. Aims of the PPG

From voluntary membership the PPG should:

1. Contribute to decision making:

Consult on service development
Challenge the Practice
Respond to issues
Promote good health
Influence provision of healthcare

2. Act as a conduit/link:

Create lines of communication
Feedback patient needs
Feedback on practice
Disseminate information
Feedback to NHS Trusts
Liaise with other PPGs
Communicate community information
Give patients a voice

b. Plans to achieve this

1. Much of this can be established through Focus Groups – ask for Focus Group Leaders who would be effective communicators; training may be required.

Display a profile of the Practice, staff and patient demographics. Insert Focus Groups into the profile, identify 'gaps' and 'gap fillers'

Focus groups are loose, informal points of contact.

2. Second is a Communications Network giving all patients access to the Practice to meet their needs through the Internet (the Practice website), newsletters, notice boards, journals and newspapers.

The PPG and the Practice are the coordinating points of the Network.

3 Formation of a patient reference group, reached via an official survey, demographically representative of the community, outside of the PPG but using the PPG conduit to reach the Practice.

c. Targets

1. Run several Focus Groups, discuss feedback and identify actions required; communicate results.
2. Survey design, distribution, analysis and discussion of results; identify actions required; communicate results.
3. Group meetings to review progress and set new targets.
4. List of office holders published.
5. Newsletters published.
6. Journal articles published.
7. Press releases.
8. Social events.
9. Make contact with other PPGs, sharing of ideas.
10. Help with flu clinics.

d. Timescale

To be discussed.

e. Management Issues

The PPG is at an interim stage but still has to make decisions. Until the AGM, which will mandate the 'officers', the attendees of the Group constitute the 'decision-making body' of the PPG. Consistency of attendance therefore is significant – members with intermittent attendance may find following the business more difficult to follow.